Revision:

Item 1.

State Plan.

HCFA-Region IV

June 1998

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State of Mississippi

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES- OTHER TYPES OF CARE

Payment of Title XVIII Part A and Part B Deductible/ Coinsurance

	Medicare-Medicaid Individual	Medicare-Medicaid/ QMB Individual	Medicare-QMB Individual
Deat A Death-Albert	limited to State Plan	limited to State plan	limited to State plan
Part A Deductible			rates
Inpatient Hospital	rates	rates	Tates
	_X full amount	X full amount	_X full amount
Part A Coinsurance	limited to State plan	limited to State plan	limited to State plan
Inpatient Hospital	rates	rates	rates
	•		
	X full amount	X full amount	X full amount
Part A Deductible	X limited to State plan	X limited to State plan	X limited to State plan
Nursing Facility	rates*	rates	rates
Hospice			
Home Health	full amount	full amount	full amount
Part A Coinsurance	X limited to State plan	X limited to State plan	X limited to State plan
Nursing Facility	rates*	rates	rates
Hospice	6.11	C. II	G.II am ayınt
Home Health	_ full amount	full amount	full amount
Part B Deductible	limited to State plan	limited to State plan	limited to State plan
rart b Deductible	rates	rates	rates
	Tates	racs	Tutes
	X full amount	X full amount	X full amount
	22_1411 41110 41110		
Part B Coinsurance	limited to State plan	limited to State plan	limited to State plan
	rates	rates	rates
	STATE OF THE PROPERTY OF THE P		
	X full amount	X full amount	X full amount

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*The Medicaid agency will not reimburse for services that are not covered under the Medicaid